



UNIVERSITY OF GONDAR
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JOB MOTIVATION AND ASSOCIATED FACTORS AMONG HEALTH PROFESSIONALS IN
GOVERNMENT HEALTH INSTITUTIONS OF SOUTH GONDAR ZONE

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Acronym

| | |
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| CI | Confidence Interval |
| EB | Ethiopian Birr |
| E.C | Ethiopian Calander |
| Epi info | Statistical package for epidemiological information analysis |
| FDRE | Federal Democratic Republic of Ethiopia |
| HCs | Health Centers |
| HIs | Health institutions |
| HRD | Human Resource Development |
| HRH | Human Resource for Health |
| HRM | Human Resource Managment |
| MNCH | Maternal, Neonatal and Child Health |
| OPD | Outpatient department |
| PHR | Partnerships for Health Reform |
| PSM | Public Service Motivation |
| SGAZ | South Gondar Adminstrative Zone |
| SGAZHD | South Gondar Administrative Zone Health Department |
| SPSS | Statistical Package for Social Science |
| WHO | World Health Organization |
| WHOs | Woreda Health Offices |

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Abstract

Introduction: Health professionals are immensely essential in any health care delivery system especially to meet the health related millennium development goals and Growth and Transformation Plans .Although work motivation is essential and very crucial for successful health service delivery there was no study that documented the motivation of health professionals in the study area.

Objective: the purpose of this study was to assess the level of job motivation and associated factors among health professionals in government health service delivery institutions in South Gondar Administrative Zone Northwest, Ethiopia

Methods: Institution based cross sectional study supplemented with qualitative study was used among 406 health professionals from April to May 2014.Simple randm sampling technique was used to select the study participants.

For in-depth interviews, seven health professionals were purposively selected. After screening for inclusion criteria.Data was collected using pretested and structured self-administered questionnaire. Descriptive statistics was used to summarize variables like socio-demographics. Both Bivariate and multi variable logistic regression model were used to identify factors predicting job motivation.The result were presented using odds ratio with 95% confidence interval . P-value less than 0.05 were taken as stastically significant.

Results; The overall response rate was about 96.2%.The proportion of motivated health professional was 47.8%. Best interdisciplinary collaboration between different professionals (AOR 95% CI: 2.002 [1.242-3.225]) and interest of professionals/Pride/ to work (AOR 95% CI: 2.102(1.351—3.271) were significantly associated factors of job motivation.

Conclusion and Recommendation: Motivation of health professionals working in South Gondar Zone was found to be low. Therefore South Gondar Zone and the respective woredas should look into ways of enhancing motivation status of health professionals by supporting team work, participation in professional associations and using locally appropriate motivation strategies such as informal work groups to develop common language and preparing health institutions to be attractive for health professionals improve interest of professionals to work.

Key words: Motivation, Health professionals, health service, government health institutions

1. Introduction

1.1. Statement of the Problem

A motivated and qualified workforce is crucial to increase the productivity and quality of health services in order to contribute to achieving health services targets. Priority programmes have a stake in a skilled and motivated workforce, as they are implemented primarily by a health facility's existing health staff. Work motivation is defined as the individual's degree of willingness to exert and maintain an effort towards achieving organizational goals (1).

In 2006 WHO noticed that there are many resource and capacity limitations in the health sector. In line with this low motivation was recorded as the second most important health experts' capacity problem in the world which brings health professionals shortages through trained staff displacement (2). Although the problem is worldwide little is known about the motivational factors that are important for health workers in developing countries (3).

It is clear that; well-motivated workforce is a prerequisite for having a well-functioning health service delivery system. However in the contrary achievements in the issue of human resources for proper delivering health care to the community is challenged by lack of resource management that revealed the issue of what can be done to strengthen health professional motivation in developing countries like Ethiopia has so far not received as much attention by the health professional although the government doing for achieving the MDG 2015 and GTP I plans in the health sector (2, 4).

In Ethiopia, the human resources challenges are staggering. Health outcomes and health service indicators are still uncertain in the world even though there are some improvements like decrease in child and maternal mortality rates. (4, 5) Since the early 20th, the government of Ethiopia has tried to address the considerable health needs of the Ethiopian population by expanding the health facility infrastructure, in particular through the construction of health posts. The

country has also intensified efforts to train and upgrade health professionals. Eventhough, health professional/population ratios remain three to four times lower than in neighboring countries such as Kenya and Sudan (5). Furthermore, human resource challenges go beyond mere shortages of health workers. The health sector in Ethiopia is suffering from, a migration of workers to the private sector, and low performance in the public sector (6).

There are many turnover of health workers and complain of patients in service delivery by health professionals in South Gondar zone according to the 2013 year report of South Gondar administrative zone . This may be due to the motivational conditions.

This study investigated motivation status of health professionals to identify major factors of motivation and possible strategies to improve the motivation of health professionals in south Gondar administrative zone health department.

1.2. Litreature Review

Employee motivation is a major factor in the success or failure for public health institutions. Without a motivated work force, productivity, morale, profits, product and service delivery suffers .Inorder to bring profit and coup up with global market compitiations, organizations must invest in effective strategies to motivate the employee. Different factors motivate individuals and teams differently. Some people are motivated by money, others by the opportunity for professional development flexible schedules, or a sense of accomplishment .From line manager to top executives, understanding what factors or factors motivate employees is key to gaining the human resource advantage that leads to success in challenging work place. Because as Fran Tarkenton stated "...people do not change their behavior unless it makes a difference for them to do so" (3, 7).

Motivation is a complex concept and many contemporary studies have given various definitions to motivation, such as a psychological process that gives behavior purpose and direction(6) , an internal drive to satisfy an unsatisfied need (11),and

the will to achieve. Motivation is an internal driving force that is not easily influenced by external factors. However, managers should satisfy employees for obtaining better motivation of professionals and it gives more sound while all the functions a manager performs, although motivating employees is arguably the most complex, since motivation is influenced by both financial and non-financial incentives (12) due to the behaviors of employees' motivation is not constant (13). Job satisfaction and motivation are often used interchangeably. However there is a borderline. Job satisfaction is a person's emotional response to his or her job condition, whereas motivation is the driving force to pursue and satisfy needs. The need for motivation stems from the need for survival and motivated employees help organizations survive (14).

1.2.1. Magnitude of the problem

There is a serious human resource crisis in the health sector in developing countries ,particularly in Africa .One of the challenges is low motivation of health professionals (2). Besides maintaining health profession motivation in the health care sector is a major challenge in the world in many countries, especially for devolping countries in sub-sharan Africa, like Ethiopia which adversely affects the delivery of quality health care services. While policymakers are increasingly interested in addressing the issue of health worker motivation, there is very little information about what type of interventions are appropriate to improve health worker motivation (2, 20).

While a few studies have explored particular aspects of the motivation question, such as staff retention or satisfaction, there are virtually no developing country studies examining health worker motivation in a comprehensive manner, and it is also questionable how industrialized country findings could be applicable in very different contexts of developing countries (7, 21, 29).

In Ethiopia as the Ministry of Health (MOH) gives importance to a public health network, knowledge on motivation of staff working in public health institutions seems important. However, there are not many studies which have been conducted in the

country that documented the perspectives of health professionals at peripheral health institutions on HRM factors influencing their motivation (3). Gaining a better insight in the way these health workers perceive their jobs and the importance they give to the various influences on their motivation will assist in developing strategies for improving performance of health workers in public health institutions (4, 5).

Motivation is an individual phenomenon, thus a one-size-fits-all approach to employee motivation does not work, and there is no recipe for motivation. However, one can illustrate the motivational factors as ingredients and the tactics as preparation instructions (15).

Many significant differences emerged between different health professionals. For example clinical groups differ from non-clinical groups in their motivational determinants. Clinical groups reported higher levels of motivational control, and greater pride in the organization and degrees of organizational citizenship, work preferences, and intrinsic job interest (2, 38).

These groups rated financial rewards to the job lower than did other categories of worker. Whether or not the respondent had any responsibility for supervising others also affected motivational determinants. Respondents with supervisory responsibilities tended to rate motivational determinants higher than non-supervisors. Fewer significant differences were found when considering gender and age. (16) .There is also significant a difference in motivational out comes between sub groups (17).

Accordingly, in order to perform well employees need to have the knowledge and tools that is required for the job as well as the *will* to do what is asked from them. Therefore, motivation can be generally equated with action and the understanding of motivation unfolds to be a key to the success of any public organization (15).

1.2.2. Determinant factors of job Motivation

Motivation is a complex concept before the 20th century while financial incentives were known the only factor for employee motivation. The first evidence that employees are not motivated solely by money and that employee behavior is linked to attitudes was a result of research (referred to as *the Hawthorne Studies*) conducted by Elton Mayo from 1924 to 1932(1) these studies constituted the initiation of the human relations approach to management, whereby employees' needs and motivation become managers' primary focus (18). There are many theories that describe and analyze workers' motivation. But even in a stable work environment, what motivates individual workers fluctuates over time (1). Therefore, different scholars identify various factors for health worker motivation in different time and researches but Summarized, factors that determine health worker motivation is grouped at various factors (18) as, socio-demographic, individual, institutional and working condition factors. Influences of those factors on health professionals' motivation can be roughly divided into intrinsic/extrinsic. (19).

Socio-demographic factors:

A 2000 study in two hospitals in Tbilisi, Georgia confirmed that there were no significant differences in work motivation on the basis of gender, while in terms of age younger staff (specifically, those less than 35 years old) were significantly less committed to the organization than all older groups(15). But in the studies done on Cyprus hospital confirmed that older professionals (>55 year) was higher motivated than younger (37).Interms of profession type nurses were more motivated than other clinicians (8).

Individual-Level Factors:

One central individual-level component of health worker motivation is intrinsic motivation such as a person's self-concept, values, job expectations for consequences of work behavior and ability to cope with change, his or her self-esteem to be able to do a certain job and his/her own goals compared to the goals of

the organization(16, 35). Feelings of altruism or religious duty can fuel this type of internal drive. Researchers have pointed out that intrinsic motivation may not be sufficient to sustain strong health worker performance over the long term, particularly if the work is time-intensive or otherwise demanding (19). Extrinsic individual-level factors affecting health worker motivation include pre-service background and education; successful task-shifting initiatives recruit workers with an appropriate level of skill (20, 21). A sense of professional identity and professional conscience can also be included in this category. Previous research has found that health workers with a strong professional conscience experience significant demonization when work conditions, such as lack of appropriate supplies, prevent them from providing high-quality service (3).

Institutional-Level Factors:

On the institutional level, health worker motivation is influenced by factors related to human resources, compensation, opportunities for advancement, and working conditions. Human resource-related factors include supervision and management support (22, 23, 26) and relationships with other health workers (21, 25, 29, 28). Adequate staffing to prevent excessive workload (20, 24, 29), access to higher-level staff for service provision support (30, 31), and status of health workers within the organization (28, 32) are other human resource-related factors affecting health worker motivation. At an organizational level, at which two types of motivation can be distinguished according to Herzberg's theory of motivation at the workplace such as hygiene factors and motivating factors (35). Motivation to accept and to remain at a post, which is related to meeting needs of job security and salary. An organization or institute can attract and keep personnel in their post through salaries, allowances and working conditions, such as the availability of equipment, and communication and relationship with colleagues. If the salaries and working conditions are unsatisfactory (for example, salaries do not cover the basic needs), health workers are likely to find ways to compensate for this. For instance, they will become more concerned with earning enough to cover their basic needs in other ways than to

work hard for their public service post. In Herzberg's theory these are called "factors for dissatisfaction (dissatisfies)". These dissatisfies are mainly extrinsic factors (29, 38).

Also on the institutional level, compensation-related factors include salary (23, 19, and 20) as well as perquisites such as housing (29). Several studies have explored the optimal balance among financial benefits, non-financial benefits, and favorable working conditions (2, 29).

Opportunities for career advancement, including training and promotion clear recognition is highly influential in health worker motivation and that adequate resources and appropriate infrastructure can improve morale significantly, comprise another important category of institutional-level factors (22, 21,16).

Working condition Factors:

Factors related to working conditions include the availability of supplies and equipment (20, 3, and 29), the ability to provide quality service (3), the scope and clarity of worker responsibilities (28, 33, and 34), acceptance and support from leaders for health professionals attributed for respect to health service (25, 32, 36).The location of the work site is also a potential influence, since work location can contributed for education access for health motivation makes easy of transportation need (31, 34).

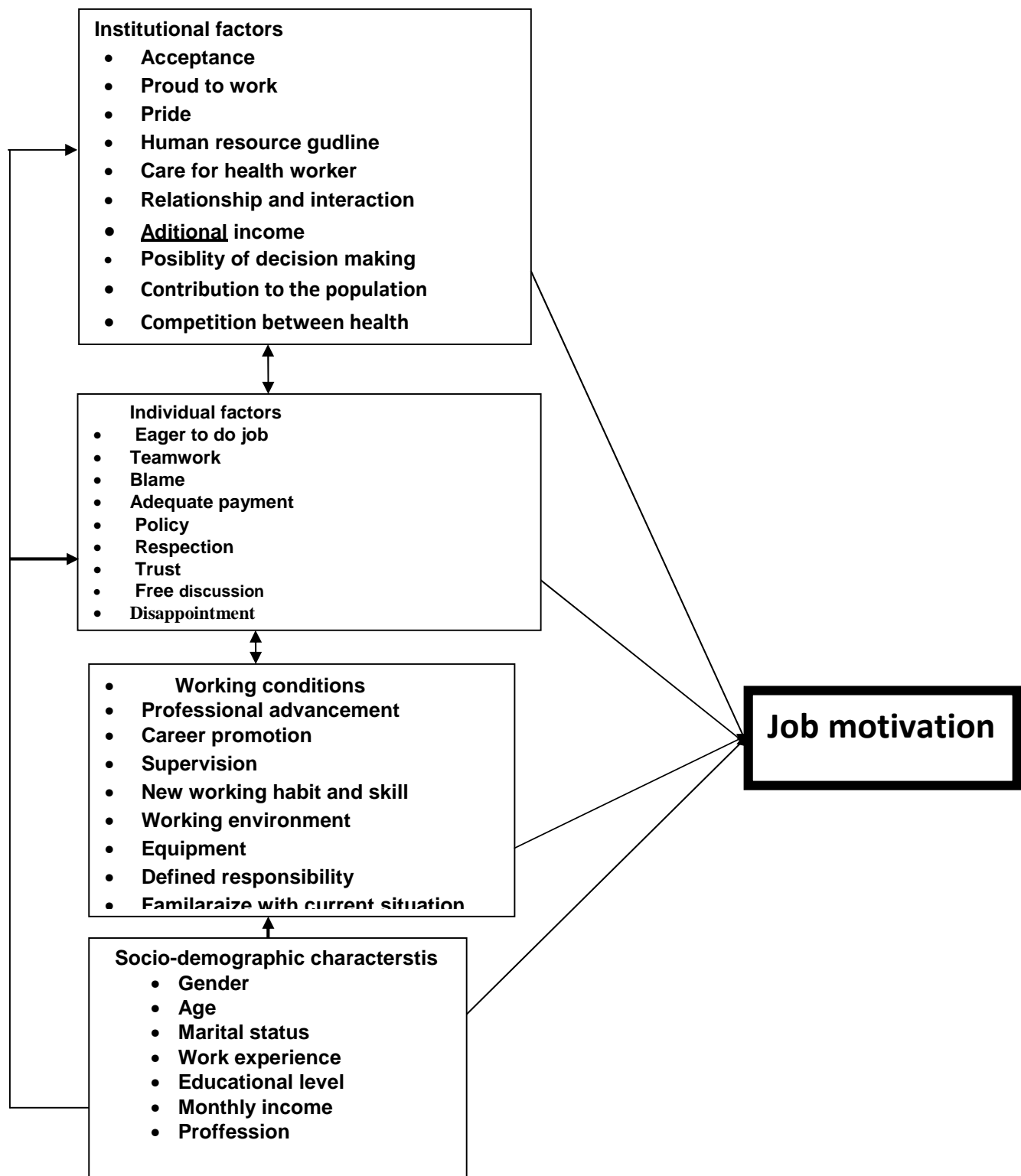


Figure 1 Conceptual framework on motivation status and associated factor among health professionals in SGAZ, Northwest Ethiopia, 2014: Sourec: synthesized by the author based on literature

Significants

Health professionals are among the most essential resources of the health care delivery system especially to meet health related MDGs 2015 and beyond goals. Currently there is increasment of population intention to use health care systems which requires more motivated and experienced professionals. However, a low motivation of health proffessionals is becoming a global threat. Since it extremely affects the quality of health service delivery. However, there are no sufficient studies in Ethiopia and particularly in South Gondar Zone health professional motivation is unknown.

Therefore, this study was immensely important to measure status of motivation and highlight significant deteriminant factors associated to health proffession motivation. Moreover, it was also essential to forward health professional motivation mechanisms in line with the context of the study areas in which the outcome can be used for near by location health professional's motivational improvement. Furthermore, it would be serve as an in put for policy development and other concerned bodies like NGOs in while they work in health professional's motivational enahancment. Last but not least, it will serve as a baseline evidence for further studies.

2. Objectives

2.1. General Objective

To assess level of job motivation and associated factors among health Professionals in government health institutions in South Gondar Zone, Northwest Ethiopia

2.2. Specific Objective

1. To measure level of job motivation of health professionals in government health institutions
2. To identify the predictor factors that affect motivation of health professionals within government health institutions

3. Methods and Materials

3.1. Study design and period

Institution-based cross-sectional study design supplemented with qualitative study method (indepth interview) from April to May, 2014 was employed.

3.2. Study Area



Figure 2: Map of study area

The study was conducted in all woredas of South Gondar administrative zone (SGAZ), Amhara regional state. SGAZ is one of the 11 zones and 3 city administrations of Amhara Regional State with total population 2278555 with sex ratio of 1: 1. Its capital city, Debretabor, is found 670 km away from Addis Ababa to the Northwest of Ethiopia. In this zone there are a t 10 woredas and 5 towns. within those woredas and city administration there are 1 general hospital, 90 health centers, 377 health posts with in these health institutions there are 2174 health professional(six month report of South Gondar Adminstrative zone 2014).

3.3. Study Population

3.3.1. Source population: all health professionals employed in government health institutions (health center and woreda health offices) of SGAZ were taken as the source population (2174)

3.3.2. Study population: all selected health professionals working in the government health centers and woreda health offices of South Gondar Zone.

3.3.1 Inclusion criteria

Health professionals working in health center or woreda health office that have diploma and above in health science served six months and above in health institutions, available at the time of data collection were included

3.3.2. Exclusion criteria

Health professionals who were incapable of filling the questionnaire due to serious illness at the time of data collection

3.3.3. Sample size determination

The sample size is estimated by using single population proportion formula.

$$n = \frac{(z_{\alpha/2})^2 p(1-p)}{d^2} = \frac{(1.96)^2 0.5(1-0.5)}{(0.05)^2} = 384$$

The assumptions are: n —minimum sample size, P —estimated proportion of HEWs job satisfaction (50%), d —the margin of sampling error tolerated (5%), $Z_{\alpha/2}$ —the standard normal variable at $1-\alpha$ % confidence level and 95% level of confidence.

By considering 10 % non response rate, the final sample size for quantitative study was 422.

Seven in-depth interviews were conducted: two woreda health office heads, one health center head, two woreda health office health professionals and two health professionals in health center.

3.3.4. Sampling Procedure

There were 2174 health professionals in the zone in 12 woredas; proportional allocation to size was employed as follows:

Step one: All woredas were listed with their respective health professionals

Step two: The proportion that they contribute for the sample was calculated for each woreda

Step three: proportion was changed to countable health professional's number

Step four: simple random sampling method was used to get the required number, from respective woreda by the facilitators.

Quantitative data was collected by trained health officers. And in-depth interview was conducted among purposively selected key informants who are responsive, interactive, knowledgeable, and serve longer time in that position.

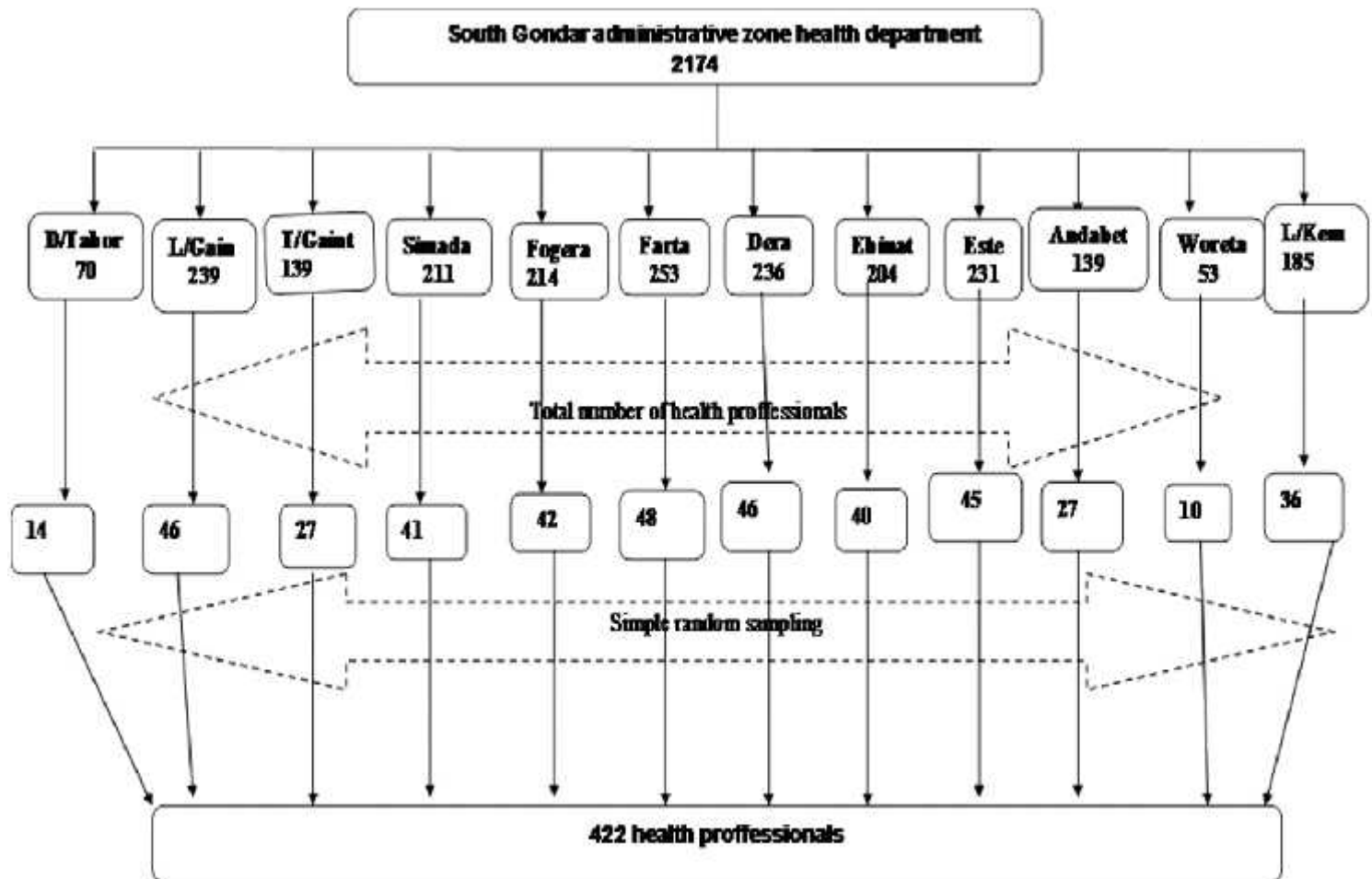


Figure 3 Schematic presentation of sampling procedure to select the study participants in SGAZ, Northwest Ethiopia, 2014

3.5. Study variables

3.5.1. Dependent variable

Motivation status (motivated/not motivated)

3.5.2. Independent variables

Socio-demographic characteristics:

- *Age* *Marital status*
- *Sex* *Work experience*
- *Profession* *Net salary*
- *Educational status*

Institutional factor:

- *Public view of the health institution* *Co-workers suggestions*
- *Proud to work* *Health institutions contribution to population*
- *Possibility of decision making* *Punishment for badly performance*
- *Pride* *Availability of human resource guidelines*
- *Care for health worker* *Competition between health workers*
- *Possibility of attending official training*

Individual factor

- *Eager to do a good job* *Respection*
- *Reliable and trustworthy* *Teamwork*
- *Self-improvement* *Frustration and disappointment*
- *Blame* *Trust between health workers*
- *Fair policy* *Possibility of free discussion*

Working condition factors

- *Professional advancement* *Appropriate equipment*
- *Career promotion* *Official training*
- *Supervision* *Working space*
- *New working habit and skill* *Defined responsibilities*
- *Familiarize with current information*

3.5. Operational definition

Job Motivation: The willingness to exert different levels of efforts towards achieving organizational goals and satisfying existing needs such as adequate payment and working conditions, like the availability of equipment, and communication and relationship with colleagues (15). It is a dependent variable which was measured using a scale with 18 items of a five-point likert rating scale, with endpoints 1= strongly agree to 5 = strongly disagree developed. Eighteen predictor variables used to measure job motivation. After adding the results, it was changed to dichotomous using mean as a cut off point which was 58.0 considering this.

Motivated: – Score above or equal to the mean from a cumulative of 90 questions.

Health professionals Individual accredited by a professional body upon completing a course of study, and usually licensed by a government agency, to practice a health profession

Interdisciplinarity: a deeper degree of collaboration among team members of health professionals

Public sector employee: An employee whose place of employment is owned and operated by a state or government agency.

3.6. Data collection procedures

Data were collected by pre-tested and structured self administered questionnaire. Twelve health officers for facilitation and 5 for supervision were recruited and one day training was given. Before the commencement of data collection permission

consent was requested after brief and sufficient explanation about the aim of the research.

Motivation of health professionals was measured by a scale created from 18 items which were adopted from Georgia (1) (e.g. "Chance of getting familiar with current information'). The items were answered on a 5-point Likert scale with response options ranging from 1 (strongly disagree) to 5 (strongly agree).

Similarly, factor of motivation was measured by 56-item scale with 5 subscales

Institutional factors 22 items: (e.g. 'the health institution encourages my co-workers to work as a team'), these items were also answered on a 5-point Likert scale with response options ranging from 1 (strongly disagree) to 5 (strongly agree)

In the same manner, individual factors were measured by 21-item scale: eg (my co-workers can freely talk with their supervisors about work issues). In the same fashion, the items were answered on a 5-point Likert scale with response options ranging from 1 (strongly disagree) to 5 (strongly agree).

Working condition/environmental factor was measured with 13 items eg (Sufficiency of working hours, Chance of getting official training and skill development, appropriate equipment of the working place)

Data collection for quantitative study was carried out by using pre tested self administered questionnaire. 12 facilitators (health officers) and 5 supervisors (woreda health officers) were assigned for data collection. For qualitative study purposively selected key informants were interviewed by the principal investigator in strictly private condition.

Before the data collection, the questionnaire was translated to Amharic and then back translated to English by three different individuals. Finally, Amharic version was used. Pretest was conducted in North wollo zone, meket woreda among 32 health professionals . The questionnaire was then assessed for its clarity, length and

completeness. Some skipped patterns were then corrected. The data collectors and supervisors were oriented for one day on the tools, overall objectives of the study and data collection procedures

During data collection, the respondents were given brief orientation before they start to fill the questionnaire and they have allowed enough time to address all questions. For the in depth interview ; a total of 7 participants were purposely selected. Attempts were made to capture participants from different woredas , profession types and positions , such as woreda health office heads ,health center head,professionals from woreda health offices,professionals from health centers , . It was done within two days. The prime purpose of this in depth interviews was to complement the data that was generated by quantitative survey, elaborate issues that may not be clearly reflected in the survey, and to identify information and opinion of the participants about motivation status of health professionals and associated factors. The interview was moderated by the principal investigator.

The purpose and rules of the discussion were explained to the participants and verbal consent obtained. All selected participants agreed to participate in discussions. Tape recorded was taken by the researcher during in depth interview. Efforts were made to ensure quality of the data through keeping respondents privacy and confidentiality by placing them in isolated room.

3.7. Data Quality Control

To insure the quality of the data, there was frequent mobile communication with data collectors and supervisors before and during data collection dates. There was also a daily summary report between the principal investigator and supervisors, therefore, troubleshoot problems were minimized. In addition, inspection for completeness and quality of data collection was carried out daily by the supervisors before they send it to the principal investigator.

The collected data was again reviewed and checked for completeness by the principal investigator before data entry and only six questionnaires were found incomplete and registered as non response. EPI-INFO version 3.5.1 based templates, which are designed based on the coding done by the principal investigator (PI), was used for quantitative data entry. The collected and checked data were entered in to computer by the PI and 10% of the entered data were randomly selected and cross checked for reliability with the respective original data. In-depth interview was conducted at three different woredas using semi structured interviews guide questions prepared in Amharic, asked by the principal investigator with the help of a note taker and with their permission, tape record was done except for one respondent, so any of the issues interviewed was not missed.

3.8. Data processing and analysis

The data from EPI INFO was imported, cleaned phase by phase and analyzed using SPSS version 20. Descriptive statistics and summary tables were generated using cross-tabulation comparing outcomes with predictor variables. Binary logistic regressions employed to measure dichotomous variables then all variables entered to multiple logistic regressions model for controlling confounding effects with backward likelihood ratio method and simultaneously the goodness of-fit with Hosmer-Lemeshow test of $p\text{-value} > 0.05$ were checked. $P\text{-value} < 0.05$ cut points and 95% confidence interval was used to identify significant factors associated with job satisfaction. Odds ratio with 95% CI used to determine the strength and direction of association between job satisfaction and determinant factors.

For the qualitative methods, the audio taped data and the detail notes was transcribed and translated into English by the principal investigator. Interviewed transcripts then imported into a computer program to facilitate data management. Coded and categorized using open code soft ware version 3.4 and analyzed thematically based on key concepts identified from the literature.

4. Ethical consideration

Ethical clearance was obtained from Institutional Review Board/IRB/ of College of Medicine and Health Sciences, University of Gondar. Moreover, letter of cooperation was secured from regional research and technology transfer core process to SGZHD then in each respected woreda health offices. In addition to that, following an explanation of the purpose, the benefits and the possible risks of the study, verbal consent was obtained from all study subjects, which assured that participation was on voluntarily basis. On top of that, to keep the anonymity of study participants, code numbers rather than personal identifiers were used and all questionnaires were sealed with post following data collection at each wereda. Finally, the questionnaires were kept locked after data entry had been completed. Confidentiality of the study was maintained.

5. Results

5.1. Socio-demographic characteristics

This study revealed that among 422 study participants, 406 of them were returned the questionnaire which is equal to 96.2% response rate. Most health professionals were male 241 (59.4%), and married (51.2%); 74.4% had diploma in different health departments (nurse, pharmacy, laboratory, midwife, and sanitarian). The mean (SD) age was 28.42 (7.11) years. Most of the respondents were from health centres 384 (94.6%). The highest number of health professionals was found at adult OPD department (41.4%) followed by MNCH (14.3%). Most these respondents were clinical nurses (54.7%) and having income of 1000-2000 birr/month 74.4%(Table 1)

Table 1 Socio-demographic characteristic of health professionals in public health facilities of South Gondar, Amhara regional state, Ethiopia, 2014

| Characterstics | Frequency(n=406) | Percent |
|---|------------------|---------|
| Sex | | |
| Male | 241 | 59.4 |
| Female | 165 | 40.6 |
| Age | | |
| <25 | 126 | 31.1 |
| 25-34 | 224 | 55.2 |
| 35-44 | 42 | 10.3 |
| 45 | 14 | 3.4 |
| Monthly salary and Remuneration(ETB) | | |
| 1000-2000 | 302 | 74.4 |
| 2001-3000 | 104 | 25.6 |

Table continued.....

Marital status

| | | |
|----------|-----|------|
| Married | 208 | 51.2 |
| Single | 190 | 46.8 |
| Divorced | 8 | 2 |

Year of experience

| | | |
|----------------|-----|------|
| 6month-2 years | 118 | 29.1 |
| 2-4 year | 103 | 25.4 |
| >4-6 year | 72 | 17.7 |
| >6—8 year | 25 | 6.2 |
| >8 year | 88 | 21.7 |

Department

| | | |
|----------------------|-----|------|
| Adult OPD | 168 | 41.4 |
| Inpatient | 10 | 2.4 |
| Under five | 27 | 6.7 |
| MNCH | 58 | 14.3 |
| Injection | 21 | 5.2 |
| Laboratory | 43 | 10.6 |
| Pharmacy | 47 | 11.6 |
| Woreda health office | 32 | 7.8 |

Table continued...**Educational status**

| | | |
|---------|-----|------|
| Diploma | 302 | 74.4 |
| Degree | 104 | 25.6 |

Profession type

| | | |
|----------------------|-----|------|
| Nurses all type | 222 | 54.7 |
| Laboratory all type | 46 | 11.3 |
| Pharmacy all type | 33 | 8.1 |
| Health Officer | 53 | 13.1 |
| Environmental health | 14 | 3.4 |
| Midwifery | 38 | 9.3 |

The proportion of motivational status of health professionals

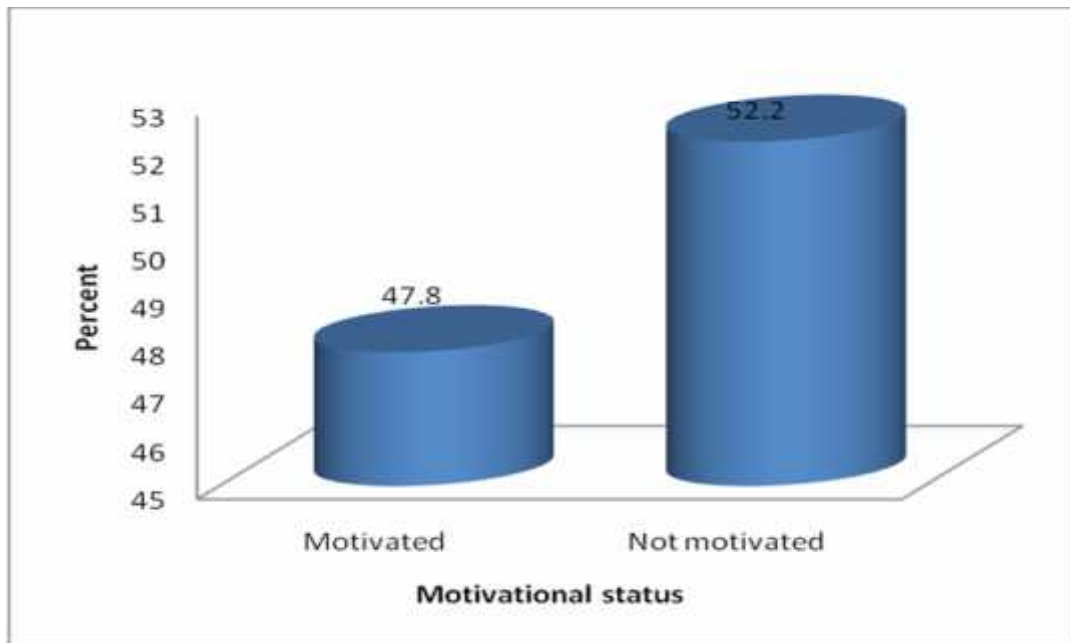


Figure 4. The proportion of job motivation among health professionals working in South Gondar, in Amhara regional state, Ethiopia, june 2014

5.2. Job motivation

This study find out that the level of overall motivation of health professionals was based on the eighteen sub scales of work motivation using median as a cut of point. This revealed that (47.8%) of respondents were motivated with their work and the rest 52.2% not motivated. The highest level of work motivation was reported for scheduling work and decide with minimum supervision (mean 4.17) followed by interest of health professionals to be best at own job (4.07). The lowest was recorded from statisfied with the current salary what they draw at present(mean

1.51) followed by with present salary that draw (mean 1.51) followed by retirement benefits (mean 1.88), (Fig. 5).

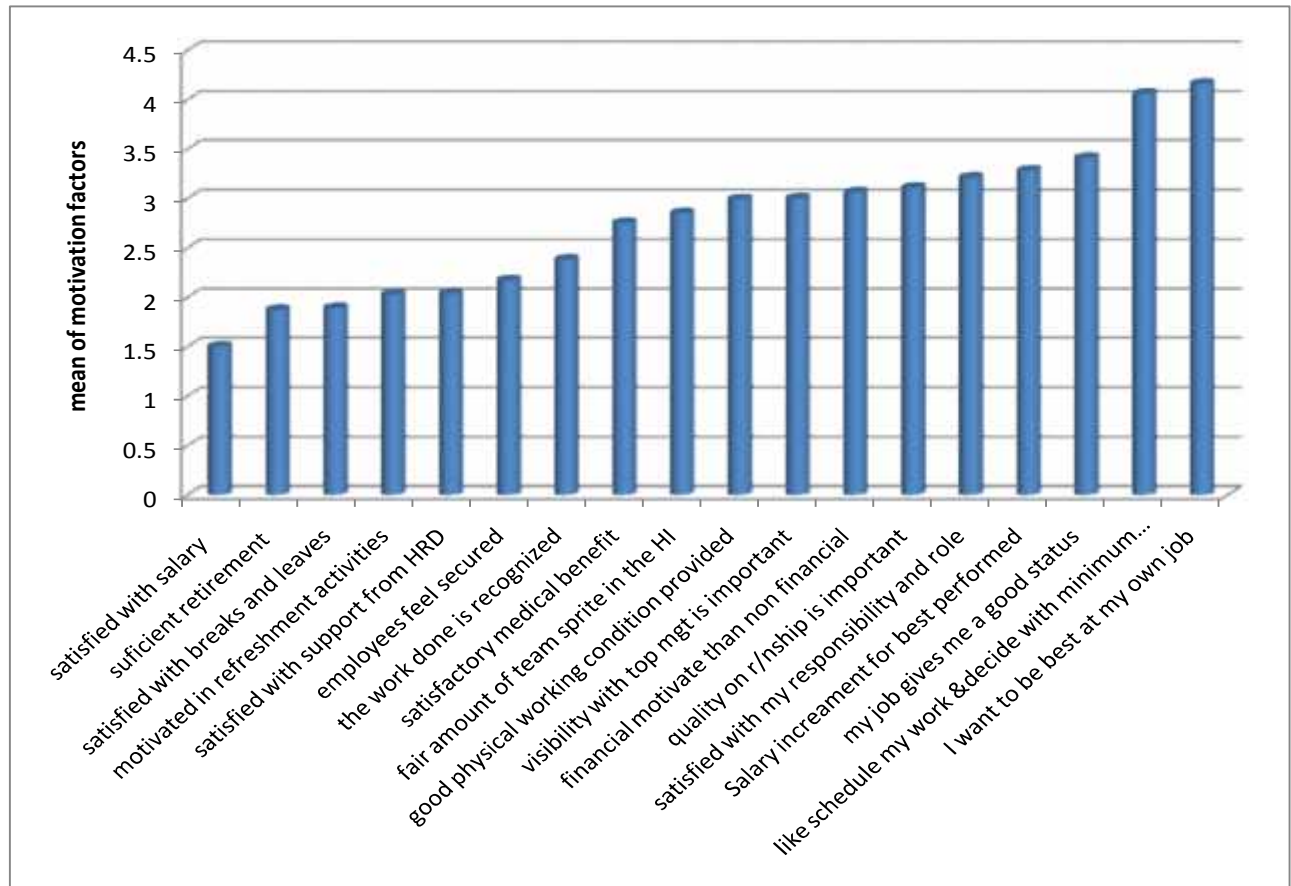


Figure 5 overall motivation statuses of health professionals for each motivation factors in SGAZ Northwest Ethiopia, June 2014

4.3 Factors associated with job motivation

During the bivariate logistic regression analysis; proud to work in the HI, chance of decision making and independently acting, care for health worker, pride/interested/ to start work, availability of human resource guidelines, facilitation of HI team work, trust between health professionals, development of common language /interaction/ between professions, less interest in job than finance, adequate payment, fair policy for non-attendance and proud in providing good service for the patient showed

statistical significance. However, in the multivariate analysis; only best interaction between professionals of different categories and pride to work in the HI were significantly associated factors of job motivation.

Table 2 Bivariate and multivariable logistic regression of factors associated with health worker motivation, SGAZ, Ethiopia, 2014 (n=406)

| Factors | | Motivation status | | COR(95%CI) | AOR(95%CI) |
|---|-----|---------------------|----------------------------|---------------------|---------------------|
| | | Motivated (47.8) | Not Motivated (52.2) | | |
| Proud to work in HI | yes | 107(57.5) | 79(42.5) | 2.071(1.392-3.079) | 1.204(0.752--1.927) |
| | No | 87(39.5) | 133(60.5) | 1 | |
| Possibility of decision making | yes | 112(57.7) | 82(42.3) | 2.165(1.456-3.220) | 1.489(0.961—2.307) |
| | No | 82(38.7) | 130(61.3) | 1 | |
| Pride to start working on HI | yes | 119(61.0) | 76(39.0) | 2.839(1.898- 4.248) | 2.102(1.351—3.271) |
| | No | 75(39.0) | 136(35.5) | 1 | |
| Availability of human resource guidelines | yes | 61(62.9) | 36(37.1) | 2.242(1.402—3.586) | 1.316(0.770-2.248) |
| | No | 133(43.0) | 176(57.0) | 1 | |
| Care for health worker | Yes | 97(59.9) | 65(40.1) | 2.262(1.508-3.392) | 1.462(0.936-2.285) |
| | No | 97(39.8) | 147(60.2) | 1 | |
| Best interdisciplinary collaboration | Yes | 71(64.0) | 40(36) | 2.482(1.581—3.898) | 2.002(1.242-3.225) |
| | No | 97(39.8) | 147(60.2) | 1 | |
| Interested in job than | Yes | 150(51.5) | 141(48.5) | 1.717(1.105—2.667) | 1.360(0.851-2.171) |

| | | | | | | |
|------------------------------------|-----|-----------|-----------|--------------------|--------------------|--|
| financial | No | 44(38.3) | 71(61.7) | 1 | | |
| Facilitate team work | Yes | 43(60.6) | 62(60.8) | 1.871(1.110-3.155) | 0.786(0.411-1.503) | |
| | No | 151(45.1) | 184(54.9) | 1 | | |
| Adequately paid | Yes | 60(57.7) | 44(42.3) | 1.710(1.090—2.682) | 1.280(0.786-2.082) | |
| | No | 134(44.4) | 168(55.6) | 1 | | |
| Fair policy for the non-attendance | Yes | 60(57.7) | 44(42.3) | 1.710(1.090—2.682) | 1.282(0.844-1.946) | |
| | No | 134(44.4) | 168(55.6) | 1 | | |

Abbreviations COR crude odds ratio, AOR adjusted odds ratio, CI confidence interval

5. 3. Qualitative Description

The prime purpose of this in depth interview was to supplement the data that were generated by quantitative survey, and to go beyond the association of factors captured through the quantitative part and explain, in the words of participants, how the relationship works. Furthermore, this part also tried to elicit possible solution to enhance job motivation. .

Participants expressed that they are not satisfied with their salary. Furthermore, related to care given for health professionals many of the study participants believe that adequate care and attention should be given to the demands of health professionals to enable them work with good motivation status. Care for health professionals was the major issue discussed by participants and it was determinant factor for work motivation.

The importance of defining responsibility and role clearly among health professionals was also discussed as one way of increasing their motivation. Besides, many participants agreed that team work and high interaction among health professionals are crucial for improving health service delivery and to motivate professionals. Pride well discussed by 4 of the participants out of 7

participants. Availability of human resources necessity for motivation well discussed in 4 participants out of 7 participants.

Perceptions on individual factors

Participants were also asked about the factors that make them demotivated. Participants' mentioned blame shifting as one of the factors that discourage them. A 27 years old pharmacy technician for instance, stated that:

"..the thing which I dislike more is blame by health center head, supervisors from woreda health offices for the things which is not my fault this is for their benefit of them selves since they can not supervise effectively it is one method to cover their weakness" Similarly a 42 year old environmental health officer stated that "---always i am blamed for the faults which are not mine. I have suffered alot by this and it affects my motivation to organaizational goals. I am currently working only for the professional ethos."

Perceptions on institutional factors

Pride was one of crucial factor for work motivation "..... updated equipments fulfilled if he has not pride to work and become demotivated that could not work interestingly to achieve the organaizational goals so, the health facilities should be attractive with good physical and structural mechanisms to be a source to pride for work" a 29 years old laboratory technologist stated

Similarly one 27 years old pharmacy technician stated that "...if the institution what I serve is not attractive and interesting I will not be interested to work even will also leave that institution"

an other factor participants expressed as important to enhance job motivation among health professionals is participatory decision making. Participants noted that lack of participatory decision making is one of the reasons that decrease their level of motivation:

“-----even though health service delivery is a team work the final decision must give for professional but now a day top managements are influencing their ideas in professionals it decreases willingness to organization goals and objectives finally professionals are leaving health institutions.” (38 year old, health officer, from health

In contrast a 27 years old B.sc nurse stated that “we health professionals are known in team work decisions are in a team in most of our work if some one works independently and decide the comprehensive service which must be given for the clients decrease and the quality deteriorated”

Such lack of participatory decision making was viewed by participants as problem of governance:

“To increase willingness to work one person must get good governance and must treat equally but in current situation especially in our health center people differentiated by to be family for the supervisors and health center head. If you ask the right given for you by the government which is already stated in human resource department the heads consider the organization as their own house not consider the human resource guidelines for decisions even they did not know whether the guideline available or not..” 28 years old B.sc nurse stated

Regarding teamwork and interaction between professionals of different categories

“..eventhough the interaction and support between health professionals becomes decrease interaction and social life was one of the best characteristics which was known by the workers out of health institutions even by the population it uses the professional to stay on the health institutions and to be motivated at work before six years when I was working in one health center there was no any work differentiation if support is needed all health professionals were participated voluntarily I think the reason why most professionals become demotivated is a decrease in interaction between professionals “40 years old man health officer from health center said

Similar opinion was also raised by 42 years old man environmental health officer “ in the previous there were few professionals but the performance were very good and client satisfaction were good because of the interaction between professionals different profession types but today there are more professionals from different profession types but the interaction is poor and the performance is still the same with the previous years in my opinion the reason could be formation of professional association in each categories and poor support from the health institutions from top to health centers this decreases the motivation to work”

6. Discussion

In this study, slightly less than half of the respondents were motivated with their work. Although it was not compared with other studies due to lack of available findings. Which will result poor attitudes towards clients,absentisim and low productivity and the public image for health professionals will be eroded ,the quality of care provided will perceived as poor and utilization of health services in the public health facilities becomes low.

The major contributing factors for the motivation of health professionals were scheduling work, care for health professional, want to be best at own job, salary increament for best performred professionals, recognition by superior, quality of relationship in the work group and good physical working codition.Important factors associated significantly were best interaction between professionals of different catagories and pride/interest/ to work in health institution.

There was no any socio demographic character significantly associated with motivation status which is in contrast with the study done on Cyprus hospital (37).This might be dueto the difference in the study areas in social cultural, income level and organizational structure.

In this study, interdisipilinary collaboration of health professionals was significantly associated with motivation status in that health professionals who have been worked in HI who have better interdisipilinary collaboration were 2.002 times more likely to be motivated with their work than those did not have best interdisipilinary collaboration. In line with the study done on primary care institutions in Canada (38).

Possible explanation for this finding might be the health service delivery by its nature is team work and needs interdisciplinary collaboration it uses for both patients and health professionals more over interdisciplinary collaboration is being

viewed as a key strategy to provide the best quality service and most effective care for people who require multiple service . Teams have an ability to reduce hospitalization time and cost improves service provision and enhances patient satisfaction and staff motivation.

Which was supported by indepth interview *“...eventhough the interaction and support between health professionals becomes decrease interaction and social life was one of the best characteristics which was known by the workers out of health institutions even by the population it uses the professional to stay on the health institutions and to be motivated at work before six years when I was working in one health center there was no any work differentiation if support is needed all health professionals were participated voluntarily I think the reason why most professionals become demotivated is a decrease in interaction between professionals “40 years old man health officer from health center said.*

Similarly a 26 years old clinical nurse stated that *“every professional has special skills that he or she is good at. So you put a group of professionals together who work as a team the patients gets the advantage of all the special group knowledge and the professionals learn from each other as they work together as a team and it increases motivation level of health professionals “*

Similar opinion was also raised by 42 years old man environmental health officer *“ in the previous there were few professionals but the performance were very good and client satisfaction were good because of the interaction between professionals different profession types but today there are more professionals from different profession types but the interaction is poor and the performance is still the same with the previous years in my opinion the reason could be formation of professional association in each catagories and poor support from the health institutions from top to health centers this decreases the motivation to work”*

Pride was also one of the significant variables in that health professionals who have interested to work on were 2.096 times more likely motivated than those who have not pride to work. In line with the study done in two hospitals of Gorgia (17).

The fact might be due to creating an attractive and supportive working environment for health professionals plays a critical role in ensuring both the supply of health work force enhancement, effectiveness and motivation of that work force.

This is supported by qualitative result *“... updated equipments fulfilled if he has not pride to work and become demotivated that could not work interestingly to achieve the organizational goals so, the health facilities should be attractive with good physical and structural mechanisms to be a source to pride for work”*

Similarly one 27 years old pharmacy technician stated that *“...if the institution what I serve is not attractive and interesting I will not interested to work even will also leave that institution”*.

Finally the HI is not favorable for work one participant from laboratory department said that *“.....the room are not conducive for my day to day activities, it is full of unused and un- functional medical equipment this did not give me interest to work and did not motivate to work”*.

This result also might be attributed to the fact that to be succeeded an institute should get the willingness of the employees and willingness becomes from interest/pride/ of the health professional to work in that institution.

7. Strengths and limitations of the study

7.1. Strengths

- ✓ The study area covered health professionals in all woredas of south Gondar administrative zone based on proportional allocation of samples. Then generalizability can be obtained.
- ✓ The quantitative study was supplemented with In-depth interview

7.2. Limitations

- ❖ Since self-administered questionnaires were used to collect data the study may be subjected to response bias from each respondent.
- ❖ It does not show the order (level of motivation) of the dependent variable

8. Conclusion and Recommendation

8.1. Conclusion

Job motivation among health professionals working in south Gondar administrative zone is low.

Pride to work and better interdisciplinary collaboration had significant association with work motivation of health professionals.

Factors which made health professional motivated were scheduling work and decide with minimum supervision, want to be best on own job and salary increament for best performed while the salary draw at present , retirement benefit ,breaks and leaves and support from human resource department were among the factors lead to health professional demotivation .

8.2. Recommendations

Based on the above findings, the study investigator recommends the following points

To South Gondar Zone Health Department

- Implement strategies to enhance motivation status of health professionals such as strengthen leadership and management capacities to manage the health professionals in the manner that will attract and motivate health facilities
- Develop and implement strategies that enhance interdisciplinary collaboration
- Work with professional associations concerning on developing better interdisciplinary collaboration strategies to achieve organaizational goals and professionals need
- Supervise wordas and health facilities to creat an attractive and supporting working environment for health professionals

To Woreda Health Offices and Health centers

- Develop and implement strategies to enhance interdisciplinary collaboration
- Provide better compensation, benefit and working conditions based on the capacity of the health institutions to attract skilled health professionals
- Support professional associations to focus on the strategies that improve the interaction between professionals in different categories
- Provide adequate incentives for entering and remaining in the health professional
- Support teamwork by creating supporting environment for team
- Develop work place assessment/recognition programmes could be considered/

To researchers

Large scale study using ordinal scale is recommended to strengthen the findings of this study and to have a border view on the field

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10. Annex

Anex I.Information sheet

University of Gondar College of Medicine and Health Sciences Institute of Public Health, Health Service Management and Health Economics Department

Level and Associated Factors of health worker motivation in South Gondar

Greetings:

Hello, my name is ----- (name of facilitator). I am here today to collect data on assessment of Magnitude and Associated Factors of in health professionals' motivation South Gondar. The study is being conducted by Yared Mulu from University of Gondar Institutes of Public Health. The objective of this study is to

assess level and Associated Factors of health professionals' motivation in South Gondar. I request your willingness to take part in this study and to respond genuinely. Participation is voluntary. This study may not directly benefit you but it is greatly helpful in identifying the factors associated with health professionals' motivation. This interview may take some 45 minutes. Your name and any identifier associated with you will not be written in this form and all information provided by you will not be used for any purpose in connection to you and will be kept strictly confidential. No possible risk is associated with participating in this study except the time incurred to the questionnaire. You have the right not to answer any or the entire questions. If you feel discomfort with the question, it is your right to drop it any time in the middle of the interview. If you have questions regarding this study or would like to be informed of the results after its completion, you can contact the principal investigator through the following address:

Yared Mulu,

Cell phone: +251 9 13 381188/25 99 39 59/; E-mail: yareadmulu@gmail.com

University of Gondar, Institutes of Public Health

Anex II.English consent form

I am giving my oral consent to participate in the study titled "level and Associated Factors of health professional motivation in South Gondar".

I have been informed that the purpose of this study is to assess motivation status and Associated Factors of health professionals' motivation South Gondar. I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on me. I understood that participation in this study does not involve risks.

Do I have your permission to continue?

1. if yes, continue to the next page
2. if No, ask the reason and skip to the next respondents

I understood that Yared Mulu is the contact person if I have questions about the study or about my rights as a study participant.

Date of interview: _____ Time started: _____ Time finished: _____

Supervisor's name _____ signature _____

Results of interview questionnaire

1. Completed
2. Partially complete
3. Refused

Annex III. English version questionnaire

I. Socio-demographic Characteristics

| Serial No | Question | Response |
|--------------|------------------------------|----------|
| 101 | Age | |
| 102 | What is your sex | |
| 103 | What is your marital Status? | |
| 104 | What is your religion? | |

| | | |
|-----|--|--|
| 105 | What is your level of education? | |
| 106 | Your profession | |
| 107 | Year of experience | |
| 108 | Department where the participant works | |

II. Health institutions Characteristics, Culture

| S.N | My opinion on this health institution in general; about its general role and, policy and various practices | 1. Strongly disagree | 2. Disagree | 3. Undecided | 4. Agree | 5. Strongly Agree |
|-----|--|-------------------------|----------------|-----------------|-------------|----------------------|
| 201 | It has a good reputation in the population | 1 | 2 | 3 | 4 | 5 |
| 202 | Most of my co-workers are proud to work here | 1 | 2 | 3 | 4 | 5 |
| 203 | It gives to my co-workers the possibility of decision making and acting independently | 1 | 2 | 3 | 4 | 5 |
| 204 | It is very behind in getting modern equipment and skills of using it | 1 | 2 | 3 | 4 | 5 |
| 205 | Suggestions of my co-workers on how to improve the work are as a rule ignored | 1 | 2 | 3 | 4 | 5 |
| 206 | It makes its contribution to the well-being of the population | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|---|---|---|---|---|---|
| 207 | For the badly performed work there are few cases of being punished on it | 1 | 2 | 3 | 4 | 5 |
| 208 | It is a source of pride to start working on it | 1 | 2 | 3 | 4 | 5 |
| 209 | Human resource guidelines are available | 1 | 2 | 3 | 4 | 5 |
| 210 | My co-workers in it are proud they provide the patients with the good service | 1 | 2 | 3 | 4 | 5 |
| 211 | It is obvious that it cares about my co-workers | 1 | 2 | 3 | 4 | 5 |
| 212 | It encourages my co-workers to work as a team | 1 | 2 | 3 | 4 | 5 |
| 213 | My co-workers in it do not trust each other | 1 | 2 | 3 | 4 | 5 |
| 214 | My co-workers have better interdisiplinary collaboration (e.g., laboratory with the nurses, sanitary workers with nurses, pharmacy with nurse.....) | 1 | 2 | 3 | 4 | 5 |
| 215 | Should a problem arise during the work, my co-workers on it expect less assistance from their supervisors | 1 | 2 | 3 | 4 | 5 |
| 216 | The good and bad of it is not a matter of concern of my co-workers | 1 | 2 | 3 | 4 | 5 |
| 217 | My co-workers in it rarely have the chance of getting additional income | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 218 | My co-workers in it rarely have chances of the promotion and making career | 1 | 2 | 3 | 4 | 5 |
| 219 | The accomplishment of their professional tasks costs my co-workers on it a lot of their time and money | 1 | 2 | 3 | 4 | 5 |
| 220 | My co-workers in it consider their job dull/boring/ | 1 | 2 | 3 | 4 | 5 |
| 221 | My co-workers in it have less possibility of attending official training courses and raising their qualification further | 1 | 2 | 3 | 4 | 5 |
| 222 | There is a severe competition between the employees of it | 1 | 2 | 3 | 4 | 5 |

II. Individual factors/health professional characteristics, value

In this part I would like to hear your opinion and views about your co-workers (for example, health officer if the respondent is a health officer; nurses if a nurse; midwifery if midwifery, etc.). I am interested in your opinion about you co-workers, their values, orientations, etc.

| S.N | Generally my co-workers in this health institution | 1. Strongly disagree | 2. Disagree | 3. Undecided | 4. Agree | 5. Strongly Agree |
|-----|--|-------------------------|----------------|-----------------|-------------|----------------------|
| 301 | Are eager to do a good job | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 302 | Are less interested in financial compared to their job | 1 | 2 | 3 | 4 | 5 |
| 303 | Are reliable and trustworthy | 1 | 2 | 3 | 4 | 5 |
| 304 | Are interested in professional education and self-improvement | 1 | 2 | 3 | 4 | 5 |
| 305 | Are willing to be respected by their co-workers and patients | 1 | 2 | 3 | 4 | 5 |
| 306 | Are not able to work well together | 1 | 2 | 3 | 4 | 5 |
| 307 | Respect their supervisors | 1 | 2 | 3 | 4 | 5 |
| 308 | Work hard | 1 | 2 | 3 | 4 | 5 |
| 309 | Do not help each other at work | 1 | 2 | 3 | 4 | 5 |
| 310 | Do not like many of the things they have to do | 1 | 2 | 3 | 4 | 5 |
| 311 | It will be difficult for them to quit their job, even if they do not like it | 1 | 2 | 3 | 4 | 5 |
| 312 | Are frustrated and disappointed at the work | 1 | 2 | 3 | 4 | 5 |
| 313 | Get blamed of things (by co-workers, supervisors or managers) that are not their fault | 1 | 2 | 3 | 4 | 5 |
| 314 | Their working day is not busy | 1 | 2 | 3 | 4 | 5 |
| 315 | Do not trust their supervisors | 1 | 2 | 3 | 4 | 5 |
| 316 | Feel that health institution policy/rules are unfair | 1 | 2 | 3 | 4 | 5 |
| 317 | Being at work is pleasant for them | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|---|---|---|---|---|---|
| 318 | They rarely encounter obstacles when performing their job | 1 | 2 | 3 | 4 | 5 |
| 319 | Can freely talk with their supervisors about work issues | 1 | 2 | 3 | 4 | 5 |
| 320 | They are adequately paid | 1 | 2 | 3 | 4 | 5 |
| 321 | Their job causes strain/stress | 1 | 2 | 3 | 4 | 5 |

III. Working Conditions

The goal of this part is to identify some of the advantages and disadvantages to your group of workers for working at this health institution. Please, answer each question with respect to your group of workers

| S.N | Advantages and disadvantages to my group of workers for working at this health institution | 1 least important | 2 Not so important | 3 Somewhat important | 4 Important | 5 very important |
|-----|--|-------------------------|--------------------------|----------------------------|----------------|------------------------|
| 401 | Opportunity of professional advancement | 1 | 2 | 3 | 4 | 5 |
| 402 | Opportunity of career promotion | 1 | 2 | 3 | 4 | 5 |
| 403 | Sufficiency of working hours | 1 | 2 | 3 | 4 | 5 |
| 404 | Co-workers that are pleasant to work with | 1 | 2 | 3 | 4 | 5 |
| 405 | Working with patients | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 406 | Good supervision/supervisors | 1 | 2 | 3 | 4 | 5 |
| 407 | Chance of obtaining new working habits and skills | 1 | 2 | 3 | 4 | 5 |
| 408 | Interesting working environment | 1 | 2 | 3 | 4 | 5 |
| 409 | Appropriate working space | 1 | 2 | 3 | 4 | 5 |
| 410 | Chance of getting official training and skill development | 1 | 2 | 3 | 4 | 5 |
| 411 | Appropriate equipment of the working place (Electricity, ventilation, heating, cold and hot water) | 1 | 2 | 3 | 4 | 5 |
| 412 | Strictly defined responsibilities, volume of work and responsibility frames | 1 | 2 | 3 | 4 | 5 |
| 413 | Chance of getting familiar with current information | 1 | 2 | 3 | 4 | 5 |

V.Motivation Questions

| S.N | Question | Strongly disagree | Disagree | Neither agree nor Disagree | Agree | Strongly agree |
|-----|---|-------------------|----------|----------------------------|-------|----------------|
| 501 | The salary increments given to employees who do their jobs very well motivates them | 1 | 2 | 3 | 4 | 5 |
| 502 | Financial incentives motivates me more than non financial incentives | 1 | 2 | 3 | 4 | 5 |
| 503 | I am satisfied with the salary I draw at present | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 504 | I am satisfied with the lunch break, rest breaks and leaves given in the organization | 1 | 2 | 3 | 4 | 5 |
| 505 | Good physical working conditions are provided in the organization | 1 | 2 | 3 | 4 | 5 |
| 506 | The employees in the organization feel secured in their job | 1 | 2 | 3 | 4 | 5 |
| 507 | The retirement benefits available are sufficient | 1 | 2 | 3 | 4 | 5 |
| 508 | The medical benefits provided in the organization are satisfactory | 1 | 2 | 3 | 4 | 5 |
| 509 | Visibility with top management is important to me | 1 | 2 | 3 | 4 | 5 |
| 510 | I feel that my superior always recognizes the work done by me | 1 | 2 | 3 | 4 | 5 |
| 511 | I feel that the job I do gives me a good status | 1 | 2 | 3 | 4 | 5 |
| 512 | I am satisfied with the responsibility and role that I have in my work | 1 | 2 | 3 | 4 | 5 |
| 513 | The quality of the relationships in the informal workgroup is quite important to me | 1 | 2 | 3 | 4 | 5 |
| 514 | I am satisfied with the support from the HR department | 1 | 2 | 3 | 4 | 5 |
| 515 | In this organization there is fair amount of team spirit | 1 | 2 | 3 | 4 | 5 |
| 516 | I feel more motivated while participating in activities done here like, Sports week, etc | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 517 | I want to be the best at my own job | 1 | 2 | 3 | 4 | 5 |
| 518 | I generally like to schedule my own work and to make job-related decisions with a minimum of supervision | 1 | 2 | 3 | 4 | 5 |

The end of the interview

Thank you very much indeed for your kind assistance.

Should any queries arise do not hesitate to contact me on the following address:

Address: Yared Mulu

- Phone 0913381188/0925993959
- Email; yareadmulu@gmail.com

OR

Dr. Gashaw Andargie (Ph.D)

Phone 09 11 38 54 23

Annex IV. Consent and Information Sheet-Amharic Version

I. የ መረጃ ቅጽ

በ የጎንደር ዩኒቨርሲቲ ህክምና ና ጤና ሳይንሶች ኮሌጅ የህብረተሰብ ጤና ተቋም የጤና አገልግሎት አስተዳደር እና ጤና ሀብት ምጣኔ ትምህርት ክፍል፡፡

የጤና ባለሙያዎችን የስራ ተነሳሽነት ደረጃዎችን እና ተያያዥ ነገሮችን የሚያጠና ጥናት ነው፡፡

እንደምን አሉ እኔ------(ዳታውን የሚሰበሰበው ባለሙያ)እባላለሁ፡፡ ዛሬ እዚህ የተገኘሁት በጤና ሰራተኞች የስራ ተነሳሽነት እና በስራተነሳሽነት ላይ ተጽዕኖ ያላቸውን ተያያዥ ነገሮች ላይ የሚካሄድ የዳሰሳ ጥናት መረጃ ለመሰብሰብ ነው፡፡ጥናቱ የሚካሄደው በአቶ ያፌድ ሙሉ ከጎንደር ዩኒቨርሲቲ የህብረተሰብ ጤና ተቋም ሲሆን የጥናቱ ዋና ዓላማ በደቡብ ጎንደር

መስተዳድር ዞን የሚገኙ የጤና ሰራተኞችን የስራ ተነሳሽነት ለመለካት እና በስራ-ተነሳሽነቱ ላይ ተፅዕኖ ሊያደርጉ የሚችሉ ነገሮችን ለመዳሰስ ነው። በጥናቱ እንዲሳተፉ እና ለጥያቄዎቹ በትክክል መልስ እንዲሰጡ በአክብሮት እጠይቃለሁ። በጥናቱ ላይ መሳተፍ በፈቃደኝነት ላይ ብቻ የተመሰረተ ነው።

ጥናቱ ርስወን በቀጥታ ላይጠቅም ይችላል ነገር ግን በጤና ባለሙያዎችን የስራ ተነሳሽነት እና ተፅዕኖ ሊያደርሱ የሚችሉ ተያያዥ ነገሮችን ለመለት ይጠቅማል። መጠይቁ እስከ 45 ደቂቃ ሊወስድ ይችላል። ስምወት እና ሌላ የርስወን ማንነት ሊገልፅ የሚችል ነገር አይጻፍም።

እንዲሁም የሰጡት ማንኛውም መረጃ ከጥናቱ ውጭ ለሌላ ዓላማ አይውልም ሚስጥራዊነቱ የተጠበቀ ነው።

መጠይቆችን ለመሙላት ከሚወስዱት ጊዜ በስተቀር በመሳተፈው የሚደርስብዎት ችግር የለም። መልስ ያለመስጠት መብት አለዎት። ጥያቄዎቹ ካልተመቹዎ መልስ መስጠትዎን በመካከል ማቀም ይችላሉ።

ስለ ጥናቱ ጥያቄዎች እንዲሁም ጥናቱ ከተጠናቀቀ በኋላ ስለጥናቱ ውጤት ማወቅ ከፈለጉ በሚከተሉት አድራሻዎች ሊያገኙኝ ይችላሉ።

ያሬድ ሙሉ

ስ.ቁ 09 13 38 11 88/ 09 25 99 39 59

ኢሜል yareadmulu@gmail.com

ጎንደር ዩኒቨርሲቲ ህብረተሰብ ጤና ተቋም ።

ፈቃደኝነት መጠየቂያ ቅጽ

በደቡብ ጎንደር መስተዳድር ዞን በጤና ባለሙያዎችን የስራ ተነሳሽነት እና በተነሳሽነቱ ላይ ተፅዕኖ ሊያደርሱ የሚችሉ ተያያዥ ነገሮች በሚደረገው የዳሰሳ ጥናት ላይ ለመሳተፍ ያለኝን ፈቃደኝነት በቃል እየገለፅኩ። የጥናቱ ዓላማ በደቡብ ጎንደር መስተዳድር ዞን የሚገኙ የጤና ባለሙያዎችን የስራ ተነሳሽነት ለመለካት እና በስራ-ተነሳሽነቱ ላይ ተፅዕኖ ሊያደርጉ የሚችሉ ነገሮችን ለመዳሰስ መሆኑን ተገልጾልኛል። በጥናቱ ላይ መሳተፍ በፈቃደኝነት ላይ ብቻ የተመሰረተ መሆኑን ተረድቻለሁ። የሰጠሁት ማንኛውም መረጃ ከጥናቱ ውጭ ለሌላ ዓላማ እንደማይውል እንዲሁም የጥናቱ ሪፖርቶች በየትኛውም መንገድ የኔን ማንነት የሚገልፁ እንደማይሆኑ ተነግሮኛል። በዚህ ጥናት መሳተፍ ችግር እንደማያመጣ ተረድቻለሁ። እንደ ጥናት ተሳታፊነቱ ስላሉኝ መብቶች እና ስለ ጥናቱ ጥያቄዎች ካሉኝ መገናኘት ያለብኝ ከ አቶ ያሬድ ሙሉ ጋር መሆኑን ተረድቻለሁ።

መጠይቁ የተካሄደበት ቀን -----2006 ዓ.ም የተጀመረበት ጊዜ(ስዓት፣ ደቂቃ)
 -----የተጠናቀቀበት ጊዜ(ስዓት፣ ደቂቃ) -----

የሱፐርቫይዘሩ ስም -----

ፊርማ-----

ቀን-----

የዚህ መጠይቅ ውጤት

1. ሙሉ በሙሉ የተሞላ
2. በከፊል የተሞላ
3. ሙሉ በሙሉ ያልተሞላ

ክፍል አንድ፡-ማህበራዊ ሁኔታ

| ተ.ቁ | ጥያቄ | መልስ |
|-----|------------|-----|
| 101 | ዕድሜ | |
| 102 | ፆታ | |
| 103 | የጋብቻ ሁኔታ | |
| 104 | ሀይማኖት | |
| 105 | የትምህርት ደረጃ | |

| | | |
|-----|------------------------|--|
| 106 | ሙያ | |
| 107 | በአጠቃላይ ለስንት ጊዜ አገልግለዋል | |
| 108 | የሚሰራበት ክፍል | |

ክፍል ሁለት የተቋሙ ባህርይ

የሚከተሉት ጥያቄዎች ስለ ጤና ተቋሙ አጠቃላይ ተግባር እና እንቅስቃሴ ፣ ፖሊሲ እና የተለያዩ ተግባራት ያለዎትን ግንዛቤ ይመለከታል፡፡

ማስታወሻ፡- ስለ ስራ ባለደረጃዎች ለሚጠይቁ ዓ/ነገሮች የሚመልሱት መልስ በሙያ በጣም ቅርብ ስለሆነ ባለደረጃዎ መሆን አለበት ለምሳሌ ነርስ ከሆኑ ስለ ነርስ፣ ላቭራቶሪ ከሆኑ ስለ ላቭራቶሪ፣ አዋላጅ ከሆኑ ስለ አዋላጅ ነርስ ፣ ፋርማሲ ከሆኑ ስለ ፋርማሲ ወዘተ.....

| ተ.ቁ | ጥያቄ | 1 በጣም አልስማም | 2 አልስማም | 3 መልስ ለመስጠት እችላለሁ | 4 እስማማለሁ | 5 በጣም አልስማም |
|-----|--|----------------|------------|----------------------|-------------|----------------|
| 201 | ጤና ተቋሙ በህዝቡ ዘንድ የተሻለ ተቀባይነት አለው | 1 | 2 | 3 | 4 | 5 |
| 202 | አብዛኞቹ የስራ ባለደረጃዎች በዚህ ተቋም በመስራታቸው ደስተኛ ናቸው | 1 | 2 | 3 | 4 | 5 |
| 203 | ተቋሙ ለስራ ባለደረጃዎች ውሳኔ የመስጠት እና በራስ የመወሰን ዕድል ይሰጣል | 1 | 2 | 3 | 4 | 5 |
| 204 | ተቋሙ ዘመናዊ መሳሪያዎችን በማግኘት እና በመጠቀም ወደ ጎሳ የቀረ ነው | 1 | 2 | 3 | 4 | 5 |
| 205 | ስራ እንዴት መሻሻል እንዳለበት በስራ ባለደረጃዎች የሚሰጥ አስተያየት እንደ ህግ ተቀባይነት የለውም | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 206 | ተቋሙ ለህብረተሰቡ ደህንነት የራሱን አስተዋጽኦ እያበረከተ ነው | 1 | 2 | 3 | 4 | 5 |
| 207 | ዝቅተኛ የሥራ አፈጻጸምን መነሻ በማድረግ የተቀጡ አሉ | 1 | 2 | 3 | 4 | 5 |
| 208 | በተቋሙ ስራ ለመጀመር የሚያነሳሳ ነገር አለ | 1 | 2 | 3 | 4 | 5 |
| 209 | በተቋሙ ውስጥ የሰው ሀይል መተዳደሪያ መመሪያዎች አሉ | 1 | 2 | 3 | 4 | 5 |
| 210 | በተቋሙ የሚገኙ የስራ ባልደረቦች ለታካሚዎች ጥሩ አገልግሎት በመስጠት ይታወቃሉ | 1 | 2 | 3 | 4 | 5 |
| 211 | ተቋሙ ለስራ ባልደረቦች እንክብካቤ በማድረግ ይታወቃል | 1 | 2 | 3 | 4 | 5 |
| 212 | ተቋሙ ባልደረቦች በቡድን እንዲሰሩ ያበረታታል | 1 | 2 | 3 | 4 | 5 |
| 213 | በተቋሙ ያሉ ባልደረቦች እርስበርስ አይተማመኑም | 1 | 2 | 3 | 4 | 5 |
| 214 | የስራ ባልደረቦች ከሌሎች ክፍሎች ሰራተኞች ጋር በቀላሉ ይግባባሉ ለምሳሌ ላቭራቶሪ ከ ፋረማሲ፤ጤና መኮንን ከ ነርስ፤የጤና ትምህርት መኮንን ከ አዋላጅ ነርስ | 1 | 2 | 3 | 4 | 5 |
| 215 | የስራ ባልደረቦች በስራ ላይ ለሚደርስባቸው ችግር ከሱፐርቫይዘር የሚፈልጉት ድጋፍ አነስተኛ ነው | 1 | 2 | 3 | 4 | 5 |
| 216 | የተቋሙ ስኬት ወይም ውድቀት የስራ ባልደረቦች ጉዳይ አይደለም | 1 | 2 | 3 | 4 | 5 |
| 217 | የስራ ባልደረቦች ተጨማሪ ገቢ የሚያገኙበት መንገድ አለ | 1 | 2 | 3 | 4 | 5 |

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|-----|---|---|---|---|---|---|
| 218 | የስራ ባልደረቦች የደረጃ እድገት እና መሻሻል የሚያገኙበት ዕድል አለ | 1 | 2 | 3 | 4 | 5 |
| 219 | ባልደረቦች ያላቸውን ጊዜ እና ገንዘብ ሙያዊ ተግባራትን ለማከናወን ይጠቀሙበታል | 1 | 2 | 3 | 4 | 5 |
| 220 | ባልደረቦች ስራቸውን ይጠላሉ | 1 | 2 | 3 | 4 | 5 |
| 221 | ባልደረቦች ጠቃሚ ስልጠናቸውን የመከታተል እና ሙያቸውን ለማሳደግ ያላቸው ዕድል ዝቅተኛ ነው | 1 | 2 | 3 | 4 | 5 |
| 222 | በተቋሙ ውስጥ በሰራተኞች መካከል ክፍተኛ ውድድር አለ | 1 | 2 | 3 | 4 | 5 |

ክፍል ሶስት . የሰራተኞች ባህርያት ና እሴቶች

ይህ ክፍል ስለባለደረባዎ እሴት፣ እውቅና ወዘተ ያለውትን ሃሳብና አመለካከት የሚገልፁበት ነው፡፡

| ተ.ቁ | በአጠቃላይ በጤና ተቋሙ የሚሰሩ የስራ ባልደረቦች | 1 ሙሉ በሙሉ አልሰማም | 2 አልሰማም | 3 መልስ ለመስጠት እቸገራለሁ | 4 እስማማለሁ | 5 ሙሉ በሙሉ እስማማለሁ |
|-----|---------------------------------------|-----------------------|----------------|---------------------------|-----------------|------------------------|
| 301 | ጥሩ ነገር ለመስራት ፍላጎት አላቸው | 1 | 2 | 3 | 4 | 5 |
| 302 | ከገንዘብ ይልቅ ለስራቸው ቅድሚያ ይሰጣሉ | 1 | 2 | 3 | 4 | 5 |
| 303 | ታማኝ እና እውነተኛ ናቸው | 1 | 2 | 3 | 4 | 5 |
| 304 | ሙያዊ ትምህርት የመማር እና ራስን የማሻሻል ፍላጎት አላቸው | 1 | 2 | 3 | 4 | 5 |
| 305 | በባልደረቦቻቸው እና በታካሚዎች መካከር ይፈልጋሉ | 1 | 2 | 3 | 4 | 5 |
| 306 | በቡድን መስራት አይችሉም | 1 | 2 | 3 | 4 | 5 |
| 307 | ድጋፍሰጭዎቻቸውን/ሱፐርቫይዞሮቻቸው | 1 | 2 | 3 | 4 | 5 |

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|-----|--|---|---|---|---|---|
| | ን / ያከብራሉ | | | | | |
| 308 | ጠንካራ ሰራተኞች ናቸው | 1 | 2 | 3 | 4 | 5 |
| 309 | በስራ ላይ አይረዳዱም | 1 | 2 | 3 | 4 | 5 |
| 310 | እነርሱ መስራት ያለባቸውን ነገሮች አይወዷቸውም | 1 | 2 | 3 | 4 | 5 |
| 311 | ምንመ እነኳን ባይፈልጉትም ስራቸውን ማቆም ከባድ ነው | 1 | 2 | 3 | 4 | 5 |
| 312 | በስራ ላይ አስፈሪ እና ቁጡ ናቸው | 1 | 2 | 3 | 4 | 5 |
| 313 | የነርሱ ባልሆኑ ስህተቶች በባልደረባዎች፤ በድጋፍ ሰጭ ወይም ጤና ጣቢያ ሃላፊ ይወቀሳሉ | 1 | 2 | 3 | 4 | 5 |
| 314 | በስራ ቀናቸው ስራ አይበዛባቸውም | 1 | 2 | 3 | 4 | 5 |
| 315 | ድጋፍ ሰጭዎቻቸውን/ሱፐርቫይዘሮቻቸውን/ አያምኑም | 1 | 2 | 3 | 4 | 5 |
| 316 | የተቋሙ ፖሊሲ/ሀገ-ደንብ ኢ-ፍትህዊ ብለው ያምናሉ | 1 | 2 | 3 | 4 | 5 |
| 317 | ስራ ላይ መሆን ያስደስታቸዋል | 1 | 2 | 3 | 4 | 5 |
| 318 | ስራቸውን ሲከናወኑ አልፎ አልፎ ችግሮች ይገጥማቸዋል | 1 | 2 | 3 | 4 | 5 |
| 319 | ከድጋፍ ሰጭዎቻቸው/ሱፐርቫይዘሮቻቸው/ ጋር ስለ ስራ ጉዳያቸው በነፃነት ይወያያሉ | 1 | 2 | 3 | 4 | 5 |
| 320 | የተሻለ ተከፋይ ናቸው | 1 | 2 | 3 | 4 | 5 |
| | 321 ስራቸው ጭንቀትን ይፈጥራል | 1 | 2 | 3 | 4 | 5 |

ክፍል ሶስት . የስራ ሁኔታወች

የዚህ ክፍል ዓላማ ቡድንዎ በተቋሙ ለመስራት ያሉትን ጥቅም እና ጉዳት ለመለየት ነው። እባክዎ ለእያንዳንዱ ጥያቄ የስራ ቡድንዎን ታሳቢ በማድረግ ይመልሱ። ለምሳሌ ጤና መኮንን ከሆኑ ስለ ጤና መኮንን፤ ነርስ ከሆኑ ስለ ነርስ፤ ላቭራቶሪ ከሆኑ ስለ ላቭራቶሪ ወዘተ....

የሚከተሉት ዓ.ነገሮች የተለየ ጥቅም ይዘረዝራሉ። እባክዎ በተቋሙ ሰራተኞች የስራ አፈፃፀም እና ይዘት ፍላጎትን ለመጨመር አስፈላጊነታቸውን ከተቀመጡት ደረጃወች ውስጥ በመምረጥ ይግለፁ።

| ተ.ቁ | ከሚከተሉት ዓ.ነገሮች ለቡድን ሰራተኞች በተቋሙ ለመስራት ያላቸውን አስፈላጊነት | 1..በጣም አስፈላጊ ያልሆነ | 2.አስፈላጊ ያልሆነ | 3.የተወሰነ አስፈላጊ | 4. አስፈላጊ | 5.በጣም አስፈላጊ |
|-----|--|-------------------|--------------|---------------|----------|-------------|
| 401 | ሙያን የማሻሻል ዕድል | 1 | 2 | 3 | 4 | 5 |
| 402 | የደረጃ ዕድገት ዕድል | 1 | 2 | 3 | 4 | 5 |
| 403 | በቂ የስራ ስዓት የማግኘት | 1 | 2 | 3 | 4 | 5 |
| 404 | በጋራ የመስራት ፍላጎት ያላቸው ባልደረቦች | 1 | 2 | 3 | 4 | 5 |
| 405 | ከህመማን ጋር መስራት | 1 | 2 | 3 | 4 | 5 |
| 406 | ጥሩ ድጋፍ ሰጭ ሰራተኛ/ሱፐርቫይዘር/ | 1 | 2 | 3 | 4 | 5 |
| 407 | አዳዲስ የስራ ፍላጎት እና ክህሎቶች የማግኘት አጋጣሚ | 1 | 2 | 3 | 4 | 5 |
| 408 | አስደሳች የስራ አካባቢ | 1 | 2 | 3 | 4 | 5 |
| 409 | በቂ የስራ ጋፕ/አረፍት/የስራ መደራረብ አለመኖር | 1 | 2 | 3 | 4 | 5 |
| 410 | ተቋማዊ ስልጠና እና የክህሎት ድጋፍ የማግኘት ዕድል | 1 | 2 | 3 | 4 | 5 |
| 411 | በቂ መሳሪያዎች ያሉት የስራ ቦታ (ኤሌክትሪ ሲቲ፤ቬንትሌሽን ፤ ማሞቂያ፤ ቀዝቃዛ እና ሙቅ ውሀ/ | 1 | 2 | 3 | 4 | 5 |

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|-----|--|---|---|---|---|---|
| 412 | በግልፅ የተቀመጠ የስራ ድርሻ፤ ግዴታ እና የሀላፊነት ዝርዝር | 1 | 2 | 3 | 4 | 5 |
| 413 | ከወቅታዊ ጉዳዮች ጋር የመተዋወቅ አጋጣሚ | 1 | 2 | 3 | 4 | 5 |

ክፍል አራት .የስራ ተነሳሽነት ጥያቄወች

| ተ.ቁ | ጥያቄ | በጣም አልስማም | አልስማም | መልስ ለመስጠት እቸግራለሁ | እስማማለሁ | በጣም እስማማለሁ |
|-----|--|-----------|-------|------------------|--------|------------|
| 501 | ስራቸውን በአግባቡ ለሚያከናውኑ ሰራተኞች የሚሰጠው የደመወዝ ጭማሪ ለስራ እንዲነሳሱ ያደርጋል | 1 | 2 | 3 | 4 | 5 |
| 502 | ከገዝብ ይልቅ ከገዝብ ውጭ የሚደረጉ ማበረታቻዎች የስራ ተነሳሽነት ይፈጥራሉ | 1 | 2 | 3 | 4 | 5 |
| 503 | በሚከፈለኝ ደመወዝ እረክቻለሁ | 1 | 2 | 3 | 4 | 5 |
| 504 | ለምሳ፤ለሻይ ረፍት ፤ እና የአመት ረፍት በሚሰጠኝ ጊዜ እረክለሁ | 1 | 2 | 3 | 4 | 5 |
| 505 | በድርጅቱ ጥሩ የስራ ሁኔታዎች አሉ | 1 | 2 | 3 | 4 | 5 |
| 506 | ሰራተኞች በስራቸው ጥበቃ እንደሚደረግላቸው ያምናሉ | 1 | 2 | 3 | 4 | 5 |
| 507 | በስራ ስንብት ጊዜ የሚሰጡ ጥቅማጥቅሞች በቂ ናቸው | 1 | 2 | 3 | 4 | 5 |
| 508 | በድርጅቱ ለሰራተኞች የሚሰጡ የህክምና አገልግሎት በቂ ናቸው | 1 | 2 | 3 | 4 | 5 |
| 509 | በከፍተኛ ስራ አመራር መታየቱ አስፈላጊ ነው | 1 | 2 | 3 | 4 | 5 |
| 510 | የጣይ ሃላፊ ለሰራሁት ስራ እውቅና ይሰጠኛል | 1 | 2 | 3 | 4 | 5 |
| 511 | የምሰራው ስራ ጥሩ ስሜት ይሰጠኛል | 1 | 2 | 3 | 4 | 5 |
| 512 | በተሰጠኝ ተግባር እና ሃላፊነት ደስተኛ ነኝ | 1 | 2 | 3 | 4 | 5 |

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|-----|---|---|---|---|---|---|
| 513 | በተቋሙ ውስጥ ባለ አደረጃጀቶች ባለኝ ተሳትፎ አስፈላጊነት አምናለሁ | 1 | 2 | 3 | 4 | 5 |
| 514 | ከባለ አካል በሚሰጠኝ ድጋፍ እረክቻለሁ | 1 | 2 | 3 | 4 | 5 |
| 515 | በድርጅቱ በቂ የሆነ የባለሙያ ስብዥና አለ | 1 | 2 | 3 | 4 | 5 |
| 516 | በተቋሙ በሚካሄዱ ስፖርታዊ ውድድሮች ፤ በበአለት ዝግጅት እና በዕድር ወዘተ... በመሳተፌ እርካታ ይሰማኛል | 1 | 2 | 3 | 4 | 5 |
| 517 | በስራዬ እጅግ በጣም የተሻልኩ መሆኑን እፈልጋለሁ | 1 | 2 | 3 | 4 | 5 |
| 518 | ስራዬን ማቀድ እና ከስራ ጋር ተያያዥኝነት ያላቸውን ወሳኔዎች በትንሽ ስፕሪንጂን መስራት እወዳለሁ | 1 | 2 | 3 | 4 | 5 |

ላደረጉት ከፍተኛ አስተዋፅኦ ካልብዙ አመሰግናለሁ። መጠየቅ የሚፈልጉት ወይም ሌላ ሀሳብ ካለዎት በሚከተሉት አድራሻዎች ሊያገኙኝ ይችላሉ

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በ ኢሜል አድራሻ yareadmulu@gmail.com
2. ዶክተር ጋሻው አንዳርጌ ስ.ቁ 09 11 38 54 23

Interview questions

1. Is management aware about work motivation of health professionals on the health institutions? Please explain in detail
2. Can you explain factors that could motivate health professionals?
3. What costs the health facility due to demotivation of health professionals? please explain using examples if possible
4. What promotion mechanisms the organization made to proactively satisfy existing employees?
5. For you to be motivated, what would you recommend the health institution?

11. Assurance of the investigator

The undersigned agrees to accept responsibility for the scientific, ethical and technical conduct of the research project and provision of required progress reports as pre terms and conditions of the research and publication office of the University of Gondar.

Name of the student: YARED MULU

Signature: -----

Date: -----

Approval of the advisers

Advisors name: Dr.Gashaw Andargie

Signature: -----

Date: -----

Mis.Ansha Nega

Signature: -----

Date: -----